



Policy Attachment: 11.1

Subject:	CANS CASE PROTOCOL
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Additional Information:

The Child and Adolescent Needs and Strengths (CANS) tool has been chosen by the Department of Children's Services as the assessment tool which best exemplifies strength-based, culturally responsive and family focused casework. The CANS produces the least stigma or label for the children and families served. It provides a communication basis for understanding the permanency and treatment needs of youth and making decisions about care and services. The CANS consists of approximately sixty-five (65) items that are used to evaluate how the Department and its partners should act in the best interests of children and families. The Department of Children's Services shall use the Child and Adolescent Needs and Strengths (CANS) assessment tool in order to help identify strengths and needs of youth and their families. The CANS assesses appropriate level of services for children ages five (5) and older.

1. The CANS assessment tool is to be completed by DCS staff in order to assess the strengths and needs of the child and family. Gathering this information may take place by:
 - a. Interviews
 - b. Observations
 - c. Records checks (see form [CS-0845, Background Checklist and Results Summary](#))
 - d. Collateral reports
 - e. Evaluations
 - f. Pictorial tools (i.e. genogram, timeline, family map)
 - g. Other DCS assessment tools
2. DCS staff shall interact with families and children in a strength-based, culturally responsive, and family centered manner using culturally competent interpersonal skills that demonstrate genuineness, empathy, and respect for the family in accordance with DCS policy [31.7, Engaging Families](#).
3. Responsibility: All certified DCS employees that work with child and family assessments, as applicable, shall ensure that the assessments are conducted appropriately and contain accurate information on child/youth/family for each case type or program.

Non Custodial CFTM-

1. If DCS staff has specific knowledge of the child and family circumstances leading to a removal or commitment to custody, CPSI/CPSA will initiate the CANS prior to the Initial CFTM- see [Child and Family Team Meeting Protocol](#).

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2. The CPS Team Leader and COE Field Consultant will review the CANS scores to check for accuracy and reliability and provide supervision to ensure that any needs, risks, strengths or services for the family are identified.

New Custody Cases-

1. The CANS is to be initiated within one (1) business day of the child (ages 5 and above) entering custody. It is to be approved by the Team Leader and finalized by the COE Field Consultant within five (5) business days of the child entering custody.
2. For CPS removals, the CPSI/CPSA will initiate the CANS with all known information and then notify the assigned FSW. The assigned FSW will complete the CANS if needed. The Team Leader of the worker that completed the assessment will review the CANS assessment for accuracy.
3. For dependent/neglect or unruly children entering custody through the court system, the designated DCS staff person (as identified by each region) will initiate the CANS within one (1) business day and complete the assessment at least 48 hours before the initial CFTM. Review of the CANS assessment by the Team Leader and COE Field Consultant should occur before the CFTM.
4. The CANS will be initiated within one (1) business day for Juvenile Justice children entering custody. It must be completed at least 48 hours prior to the initial CFTM.

Note: If Juvenile Justice children are placed in a secure setting (YDC, OAC, or Detention), a CANS will be completed prior to entering a community based setting (foster home, residential or group home).

5. The FSW will partner with the regional Psychologist, MSW, Administrative Leadership, Education Specialist and/or Nurse Specialist when a CANS identifies a need that suggests a professional consultation.

Reassessment CANS-

1. The CANS should always be completed prior to the revision of the custodial permanency plan in order to coincide with permanency plan revisions

Note: The FSW will contact the provider agency when completing or updating a CANS to make sure that the most current information on the child/family is available.

2. For children who are receiving Level I services, a reassessment CANS must be completed at least every 6 months and/or the revision of the custodial permanency plan.
3. For children who are receiving Level 2 or 3 services, a reassessment CANS must be completed every 3 months, following the initial 6 month permanency plan revision.
4. For children who are receiving Level 4 services, a reassessment CANS should always be completed no less than every 3 months or at the request of the regional psychologist.

Transition CANS-

1. The CANS will be completed and reviewed at any major transitional period throughout the custody episode. These transitions include:
 - Placement change
 - Placement disruption
 - Major goal change
 - Level change (including within the same provider)
 - Lateral move
 - Trial Home Visit
- Note:** A Transition CANS should be completed to identify ongoing child and family needs and strengths prior to the child going on a Trial Home Visit (THV) even if it is in the context of a discharge CFTM.
2. If the CANS cannot be completed prior to the CFTM, it will be completed within 24 hours following the CFTM. The completed CANS will be submitted for review to the COE Field Consultant.
 3. A Discharge CANS will be completed prior to the child being discharged from custody (ending the Trial Home Visit) by using the following discharge guidelines:

Discharge CANS-

1. Prior to a child's release from custody or aftercare, the FSW will complete a discharge CANS assessment. The Team Leader should approve the completed CANS assessment and forward the CANS to the COE Field Consultant for approval.
2. In the case of immediate discharge action, a discharge CANS must be completed, approved and finalized within five (5) days of the child exiting custody. (The CANS will be submitted to the COE Field Assessor within five (5) business days of discharge). This process is completed to ensure that DCS considers the ongoing needs of a child and family after the custody episode ends. The FSW can review any previous CANS generated on the child/family and compare it to the discharge CANS in order to monitor and track the progress of a child and family.
3. The assigned FSW will notify the COE Field Consultant of the upcoming discharge from custody.
4. The CANS will be reviewed by the FSW, Team Leader, and COE Field Consultant to ensure that any needs, risks, strengths, and services for the family are identified.

CANS Documentation-

1. CANS are to be initiated, completed and approved using the CANS Web Application.
2. Information regarding scores of the CANS should be reflected on the form ***CS-0777, Family Functional Assessment***.
3. Copies of all CANS should be placed in the child's record and forwarded to providers.

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4. The DCS worker must document the reason the CFTM level recommendation differs from the CANS intensity of service recommendation in the current child welfare data system used by the Department.
5. A copy of the CANS Summary will be included in the placement referral packet.

Training and Reliability-

1. All DCS staff with case management responsibility, placement responsibility or with CFTM involvement will need to be trained yearly on the CANS. Staff must be familiar with its language, and be able to demonstrate skill in administering and scoring the CANS. All applicable DCS staff will require yearly certification. Staff should be certified at a .70 or above on a training vignette.
2. Training will be provided by the regional COE Field Consultant. A CANS manual, glossary, and interview format will be provided during training sessions.

Note: A CANS CBT is available on the CANS web application (<https://cans.state.tn.us>) to review prior to entering a child/family CANS in the current child welfare data system.

DCS Partnership with COE CANS Field Assessors-

1. The FSW, PSD staff, facilitator, TL and CPS will partner with the COE Field Consultant to identify needs, risks, strengths, and services for the child and family, incorporating knowledge of community partners and referral sources. Possible options for intervention and treatment modalities should be discussed and shared with supervisory staff.
2. Well being units will inquire and utilize CANS information
3. Facilitators will inquire about CANS for CFTM purposes and utilize information needed.
4. PSD will inquire and utilize information for placement purposes.

Utilization Review Process-

To guide any decisions based on the CANS, the regional Utilization Review process should include a confirmation of a current CANS based on protocol guidelines.